

# DEPARTMENT OF THE ARMY HEADQUARTERS THIRD UNITED STATES ARMY UNITED STATES ARMY FORCES CENTRAL COMMAND COALITION FORCES LAND COMPONENT COMMAND 1881 HARDEE AVENUE SW FORT MCPHERSON GA 30330-1064

AFRD-MD

Third US Army/USARCENT/CFLCC Policy Memorandum 04-61 (Change 2)

20 March 2005

Expires: 20 March 2007

MEMORANDUM FOR ALL THIRD US ARMY PERSONNEL

SUBJECT: Third US Army Policy on Malaria Chemoprophylaxis (Change 2)

#### 1. REFERENCES:

- a. Appendix 6 To Annex Q to CDRUSCENTCOM OPLAN 1003v-Change 1(u), Force Health Protection.
- b. Armed Forces Medical Intelligence Center Infectious Disease Risk Assessment For Iraq at <a href="https://www.afmic.dia.smil.mil/intel/afmic/iz/irqdis.htm">www.afmic.dia.smil.mil/intel/afmic/iz/irqdis.htm</a> (SIPRNET).
- c. CENTCOM FRAGO Subject: USCENTCOM Guidance For Implementation Of Area-Specific Malaria Chemoprophylactic Strategies ISO OEF and OIF.
- d. USAMEDCOM Policy Letter, Subject: Army Glucose 6-Phosphate Dehydrogenase (G6PD) Deficiency Screening Program, Headquarters, USAMEDCOM, dated 18 February 2004.
- e. Army Regulation (AR) 40-66, Medical Record Administration and Health Care Documentation, 10 March 2003.
- f. CENTCOM MOD 7, Subject: MOD 7 to USCENTCOM Individual Protection and Individual/Unit Deployment Policy, 06 January 2005.
  - g. Memorandum, Subject: MNC-I Policy on Malaria Prevention, 28 December 2004.
- h. Memorandum, Subject: Malaria Chemoprophylaxis Program for US Forces, CJTF-76, 03 July 2004.
- 2. PURPOSE: To establish Third US Army policy for use of malaria chemoprophylaxis.
- 3. APPLICABILITY: All US military and civilian personnel under the operational control of Third US Army.

4. BACKGROUND: Malaria is a preventable infectious parasitic disease spread by mosquitoes. Some varieties of malaria are deadly, and all may be temporarily disabling. Prevention is enabled by use of area protective measures, such as mosquito suppression spraying, and personal protective measures, including insect repellants, permethrin-treated bed nets and uniforms, and chemoprophylaxis (preventive medications). *Primary* chemoprophylactic agents, like mefloquine, chloroquine, and doxycycline, are designed to kill malaria organisms as soon as they enter the bloodstream. *Terminal* chemoprophylactic agents, like primaquine, are designed to kill any organisms that survived primary chemoprophylaxis. Typically, primary agents are taken for about 30 days after leaving the risk area, and terminal agents are taken concurrently for the last two weeks of those 30 days.

#### 5. POLICY:

- a. **Preventive Medicine Measures**. Personal protective measures significantly reduce the risk of malaria. Measures include application of DEET insect repellant to exposed skin, uniform sleeves worn down, treatment of uniforms with permethrin, and proper use of permethrin-treated bed nets. Unit commanders will stress personal protective measures against malaria for all soldiers.
- b. **Kuwait, Qatar, United Arab Emirates, Bahrain, Oman, and Jordan**. Malaria risk for CFLCC personnel who are stationed in and do not travel outside the national boundaries of Kuwait, Qatar, United Arab Emirates, Bahrain, Oman, and Jordan have essentially no malaria risk, and need no malaria chemoprophylaxis. CFLCC personnel meeting this criterion who are already taking chemoprophylactic agents may stop taking them now. No terminal medication is required for these personnel.
- c. **Combined Forces Command Afghanistan (CJTF-76)**. CFLCC personnel traveling to Combined Forces Command-Afghanistan (CFC-A) area of operations (AO), including Afghanistan, Uzbekistan, and Pakistan, for even one day at any time of year must receive both primary and terminal malaria chemoprophylaxis. (See Enclosure 1).
- d. **CJTF-HOA**. CFLCC personnel traveling to CJTF HOA AO, including Djibouti, Ethiopia, Eritrea, Somalia, Kenya, Seychelles, and Sudan for even one day at any time of year must receive both primary and terminal malaria chemoprophylaxis. (See Enclosure 1).
- e. **Multi-National Corps-Iraq (MNC-I)**. Based on the current disease threat, CFLCC personnel traveling to MNC-I AO (Iraq) do not require malaria chemoprophylaxis. Commanders will stress personal protective measures against malaria for all military personnel. These measures include the application of DEET to exposed skin, treating uniforms with permethrin, and sleeping under a permethrin treated bed net. These items are available through the US military supply system (See Enclosure 2).

SUBJECT: Third U.S. Army Policy on Malaria Chemoprophylaxis

- f. **CENTCOM AO**. CFLCC personnel traveling to other countries in the CENTCOM AO must consult competent medical authority for current malaria chemoprophylaxis advice NLT 15 days before beginning travel. Personnel should deploy with a 30-day supply of primary malaria chemoprophylaxis.
- g. Terminal Chemoprophylaxis. *Terminal* chemoprophylaxis is required in ALL cases requiring *primary* chemoprophylaxis. However, terminal prophylaxis with primaquine (the best drug) can no longer be prescribed or issued without prior testing for glucose 6-phosphate dehydrogenase (G6PD) deficiency.
- (1) G6PD deficiency is a hereditary condition, found in about 12% of Americans, involving an inability to metabolize certain drugs, like primaquine. It is otherwise usually asymptomatic.
- (2) Army policy now requires all soldiers to be tested for G6PD deficiency prior to deployment. Current USAMEDCOM policy states that all soldiers deploying to the CENTCOM AO and requiring prophylaxis will be tested for G6PD deficiency (reference 1.d.). G6PD testing cannot be performed in Kuwait.
- (3) Until G6PD deficiency screening of deploying CFLCC personnel becomes reliable and routine, all those on primary malaria chemoprophylactic medications will continue taking their medications for one full month after return to home station. During the first two weeks of that month, they will be tested for G6PD deficiency, and terminal prophylaxis initiated.
- (4) Results of G6PD testing will be entered into the Medical Operational Data System/Medical Protection System (MODS/MEDPROS) database at point of medical service. G6PD deficient personnel will be issued medical alert tags ("red dog tags") stating "G6PD DEFICIENT: NO PRIMAQUINE" in accordance with AR 40-66. G6PD deficient soldiers are deployable.
- 6. POINT OF CONTACT: For additional information contact MAJ Bosetti, 318-430-6313, <a href="mailto:timothy.bosetti2@arifjan.arcent.army.mil">timothy.bosetti2@arifjan.arcent.army.mil</a> (NIPR) or <a href="mailto:timothy.bosetti@swa.arcent.army.smil.mil">timothy.bosetti@swa.arcent.army.smil.mil</a> (SIPR).

AFRD-MD

SUBJECT: Third U.S. Army Policy on Malaria Chemoprophylaxis

7. EXPIRATION: Until suspended or rescinded.

FOR THE COMMANDER:

RICHARD P McEVOY

Colonel, GS Chief of Staff

2 Encls

Malaria Chemoprophylaxis Requirements Frequently Used Personal Protective Items AFRD-MD

SUBJECT: Third U.S. Army Policy on Malaria Chemoprophylaxis

ENCLOSURE 1. Malaria Chemoprophylaxis Requirements

MALARIA CHEMOPROPHYLAXIS REQUIREMENTS		
CJTF-HOA		
PRIMARY	Mefloquine, 250 mg weekly, starting two weeks before deployment to risk area and continuing for four weeks after return from risk area.  Aviators and individuals who are unable to take mefloquine will use doxycycline 100 mg daily starting two days before deployment and continuing for four weeks after return from risk area.	
TERMINAL	[Not earlier than 14 days after leaving a malaria risk area and only after appropriate G6PD testing] primaquine, 15 mg daily for 14 days, will be taken concurrently with the last 14 days of primary chemprophylactic medication.	
CFC-A / CJTF-76		
PRIMARY	Doxycycline, 100 mg daily, starting two days before deployment to risk area and continuing for four weeks after the end of exposure, end of malaria season, or upon departure from the theater.	
	For personnel with contraindications to doxycycline, alternative medications include CDC-recommended and FDA approved antimalarials in the DOD formulary (malerone and mefloquine).	
TERMINAL	[Not earlier than 14 days after leaving a malaria risk area and only after appropriate G6PD testing] primaquine, 15 mg daily for 14 days, will be taken concurrently with the last 14 days of primary chemprophylactic medication.	

### AFRD-MD

SUBJECT: Third U.S. Army Policy on Malaria Chemoprophylaxis

## ENCLOSURE 2. Frequently used Personal Protective Items

ITEM	NSN	UI
Bed Net (enclosed type)	3740-01-516-4415	EA
Insect Net Protector, Field	7210-00-266-9736	EA
Pole, Folding Cot, Insect Net Protector	7210-00-267-5641	100 per box
Insect Repellent w/sunscreen	6840-01-288-2188	12 tubes/box
(DEET w/sunscreen)		
Insect Repellent, personal application (DEET)	6840-01-284-3982	12 tubes/box
Insect Repellent, Clothing Application (IDA Kit)	6840-01-345-0237	12 kits/box
Insect Repellent, Aerosol	6840-01-278-1336	12 cans/box
(for uniforms and bet nets)		